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OTHER FILINGS REGISTRATION/QUALIFICATION	TION
Annual Report Fictitious Name Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY CHALEKO POST, LLC (Must end with the words "Limited Liability Company, "L.L.C" or LLC) **ARTICLE II – Address: Principal Office Address:** Mailing Address: 2475 Brickell Avenue 2475 Brickell Avenue **Suite 2403 Suite 2403** Miami, Florida Miami, Florida ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.) The name and the Florida Street address of the registered agent are: Luis Kellemen Name 1643 Brickell Avenue Apto. 2105 Florida street address (P.O Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provider for in Chapter 608, F.S.

Miami, Florida 33129 City, State, and Zip

gent Signature (REQUIRED)

(Continued) Page 1 of 2

**ARTICLE IV- manager (s) or Managing Members(s):** The name and address of each Manager of Managing Member is as follows:

Title: "MGR"= Manager	Name and Address:	
"MGRM"= Managing Mer	nber	
MGRM	Luis Kellemen	
	1643 Brickell Avenue Apt. 2105	
	Miami, Florida 33129	
MGRM	Salvador Veloso	
	5050 NE 5 <sup>th</sup> . Avenue	
	Miami, Florida 33137	
MGRM	Marco Vega	
MOKIN	335 South Biscayne Boulevard	
	Suite 2212, Miami, Florida 33131	
MGRM	Marcelo Mogelos	
	1643 Brickell Avenue, Apt. 2105	
	Miami, Florida 33129	
(Use attachment if necessary)		
	e, if other than the date of filing:OPTIONAL) he date must be specific and cannot be more than five business days prior ing.)	
REQUIRED SIGNATURE:	MAUL	
	Signature of a member an authorized representative of a member.	
	I(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts started herein are true.)	
	LUIS Kellement Typed or printed name of signed	
	r yped or printed name or signed	

Filling Fees:
\$ 125.00 Filling for Articles of Organization and Designation of registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)